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| Fill in this information to identify your ca                          | ase |                                                                        |  |
|-----------------------------------------------------------------------|-----|------------------------------------------------------------------------|--|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |     |                                                                        |  |
| Case number (if known):                                               | Cha | apter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

FEB 23 2018

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|                                                                                     | About Debtor 1:                       | About Debtor 2 (Spouse Only in a Joint Case):    |
|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| Your full name                                                                      |                                       | Caraca Tables 2 (openies only in a control case) |
| Write the name that is on                                                           | · DONNA                               |                                                  |
| government-issued pictur<br>identification (for example<br>your driver's license or | rirst Name                            | First Name                                       |
| passport).                                                                          | Middle Name                           | Middle Name                                      |
| ,                                                                                   | RICHIE                                |                                                  |
| Bring your picture identification to your mee                                       | Last Name<br>ng                       | Last Name                                        |
| with the trustee.                                                                   | Suffix (Sr., Jr., II, III)            | Suffix (Sr., Jr., II, III)                       |
| All other names you                                                                 |                                       |                                                  |
| have used in the last 8 years                                                       | First Name                            | First Name                                       |
| Include your married or maiden names.                                               | Middle Name                           | Middle Name                                      |
| maigen names.                                                                       | Last Name                             | Last Name                                        |
| Only the last 4 digits of                                                           |                                       |                                                  |
| your Social Security                                                                | xxx - xx - <u>5</u> <u>7</u> <u>3</u> | 3 xxx - xx -                                     |
| number or federal<br>Individual Taxpayer                                            | OR                                    | OR                                               |
| Identification number (ITIN)                                                        | 9xx - xx                              | 9xx - xx                                         |

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| D€ | btor 1            | DONNA RICHIE                                   |                                                                                                                                                              | Case number (if known)                                                                                                                            |
|----|-------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                   |                                                | About Debtor 1:                                                                                                                                              | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                     |
| 4. | and En            | rsiness names                                  | ☑ I have not used any business names or Elf                                                                                                                  | •                                                                                                                                                 |
|    | (EIN) y           | cation Numbers<br>ou have used in<br>t 8 years | Business name                                                                                                                                                | Business name                                                                                                                                     |
|    | Include           | trade names and                                | Business name                                                                                                                                                | Business name                                                                                                                                     |
|    | doing b           | usiness as names                               | Business name                                                                                                                                                | Business name                                                                                                                                     |
|    |                   |                                                | EIN                                                                                                                                                          | EIN                                                                                                                                               |
|    |                   |                                                | EIN                                                                                                                                                          | EIN                                                                                                                                               |
| 5. | Where             | you live                                       |                                                                                                                                                              | If Debtor 2 lives at a different address:                                                                                                         |
|    |                   |                                                | 4206 W. 206TH PLACE  Number Street                                                                                                                           | Number Street                                                                                                                                     |
|    |                   |                                                | ***************************************                                                                                                                      |                                                                                                                                                   |
|    |                   |                                                | MATTESON IL 60443                                                                                                                                            |                                                                                                                                                   |
|    |                   |                                                | City State ZIP Code  Cook                                                                                                                                    | City State ZIP Code                                                                                                                               |
|    |                   |                                                | County                                                                                                                                                       | County                                                                                                                                            |
|    |                   |                                                | If your mailing address is different from<br>the one above, fill it in here. Note that the<br>court will send any notices to you at this<br>mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |
|    |                   |                                                | Number Street                                                                                                                                                | Number Street                                                                                                                                     |
|    |                   |                                                | P.O. Box                                                                                                                                                     | P.O. Box                                                                                                                                          |
|    |                   |                                                | City State ZIP Code                                                                                                                                          | City State ZIP Code                                                                                                                               |
| 6. |                   | are choosing                                   | Check one:                                                                                                                                                   | Check one:                                                                                                                                        |
|    | bankrup           | rict to file for<br>tcy                        | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                         | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                              |
|    |                   |                                                | I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                                      | I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                           |
| Pa | rt 2:             | Tell the Court At                              | oout Your Bankruptcy Case                                                                                                                                    |                                                                                                                                                   |
|    | Bankrup           | oter of the<br>tcy Code you                    | Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of                                                      | otice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.                                                 |
|    | are choo<br>under | sing to file                                   | Chapter 7                                                                                                                                                    |                                                                                                                                                   |
|    |                   |                                                | Chapter 11                                                                                                                                                   |                                                                                                                                                   |
|    |                   |                                                | Chapter 12                                                                                                                                                   |                                                                                                                                                   |
|    |                   |                                                | Chapter 13                                                                                                                                                   |                                                                                                                                                   |

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| De  | btor 1 DONNA RICHIE                             | ···                 |                                                                                                                                                                                                                                                                                                                                                                              | Case number (if known)                                                                              |                                                             |  |  |  |
|-----|-------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--|--|
| 8.  | How you will pay the fee                        | cou<br>pay          | I will pay the entire fee when I file my petition. Please check with the clerk's office in you court for more details about how you may pay. Typically, if you are paying the fee yourself pay with cash, cashier's check, or money order. If your attorney is submitting your payment behalf, your attorney may pay with a credit card or check with a pre-printed address. |                                                                                                     |                                                             |  |  |  |
|     |                                                 |                     | ed to pay the fee in installments. If<br>viduals to Pay The Filing Fee in Instal                                                                                                                                                                                                                                                                                             |                                                                                                     | and attach the Application for                              |  |  |  |
|     |                                                 | By I<br>thar<br>fee | quest that my fee be waived (You maw, a judge may, but is not required to 150% of the official poverty line that in installments). If you choose this op g Fee Waived (Official Form 103B) a                                                                                                                                                                                 | o, waive your fee, and may do<br>applies to your family size ar<br>otion, you must fill out the App | so only if your income is less of you are unable to pay the |  |  |  |
| 9.  | Have you filed for                              | □ No                |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                             |  |  |  |
|     | bankruptcy within the last 8 years?             | <b>☑</b> Yes        |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                             |  |  |  |
|     | ·                                               | District <u>I</u>   | llinois, Northern District                                                                                                                                                                                                                                                                                                                                                   | When                                                                                                | Case number 16-13857                                        |  |  |  |
|     |                                                 | District            |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | Case number                                                 |  |  |  |
|     |                                                 | District _          |                                                                                                                                                                                                                                                                                                                                                                              | MM / DD / YYYY  When MM / DD / YYYY                                                                 | Case number                                                 |  |  |  |
| 10. | Are any bankruptcy cases pending or being       | <b>☑</b> No         |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                             |  |  |  |
|     | filed by a spouse who is                        | ☐ Yes.              |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                             |  |  |  |
|     | not filing this case with you, or by a business | Debtor _            |                                                                                                                                                                                                                                                                                                                                                                              | Relationsh                                                                                          | ip to you                                                   |  |  |  |
|     | partner, or by an affiliate?                    | District _          |                                                                                                                                                                                                                                                                                                                                                                              | When                                                                                                | Case number,                                                |  |  |  |
|     |                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                              | MM / DD / YYYY                                                                                      | if known                                                    |  |  |  |
|     |                                                 | Debtor              |                                                                                                                                                                                                                                                                                                                                                                              | Relationsh                                                                                          | ip to you                                                   |  |  |  |
|     |                                                 | District            |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | Case number,                                                |  |  |  |
| 11. | Do you rent your residence?                     | Ø No.<br>□ Yes.     | Go to line 12.  Has your landlord obtained an evict  No. Go to line 12.  Yes. Fill out Initial Statement and file it as part of this bankru                                                                                                                                                                                                                                  | About an Eviction Judgment                                                                          |                                                             |  |  |  |

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| De  | btor 1                                                                                                 | DONNA RICHIE                                                                    |                                     |                         |                                                     | Case number                                                                                                                                        | (if known)                        |                                         |                                        |
|-----|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|-------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|----------------------------------------|
| Ŀ   | art 3:                                                                                                 | Report About A                                                                  | ny B                                | usine                   | sses You Own as                                     | a Sole Proprietor                                                                                                                                  |                                   |                                         |                                        |
| 12. |                                                                                                        | u a sole proprietor<br>full- or part-time<br>ss?                                |                                     |                         | Go to Part 4.<br>Name and location of l             | business                                                                                                                                           |                                   |                                         |                                        |
|     | busines                                                                                                | proprietorship is a<br>s you operate as an                                      |                                     |                         | Name of business, if any                            |                                                                                                                                                    |                                   | <del> </del>                            |                                        |
|     | separat                                                                                                | al, and is not a<br>e legal entity such as<br>ration, partnership, or           |                                     |                         | Number Street                                       |                                                                                                                                                    |                                   |                                         |                                        |
|     | -                                                                                                      | ave more than one prietorship, use a                                            |                                     |                         | City                                                |                                                                                                                                                    | State                             | ZIP C                                   | ode                                    |
|     | separate sheet and attach it                                                                           |                                                                                 |                                     |                         | Check the appropriate                               | box to describe your business                                                                                                                      | :                                 |                                         |                                        |
|     | to this p                                                                                              | etition.                                                                        |                                     |                         | Single Asset Rea                                    | iness (as defined in 11 U.S.C. §<br>al Estate (as defined in 11 U.S.C<br>defined in 11 U.S.C. § 101(53A)<br>er (as defined in 11 U.S.C. § 10<br>ve | C. § 101(51B))<br>))              | ı                                       |                                        |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i>    |                                                                                 |                                     | set ap<br>st rece       | propriate deadlines. If<br>nt balance sheet, staten | the court must know whether y<br>you indicate that you are a sma<br>nent of operations, cash-flow sta<br>ot exist, follow the procedure in         | ill business de<br>atement, and f | btor, you<br>federal ir                 | r must attach your<br>ncome tax return |
|     | debtor?                                                                                                | V                                                                               | No.                                 | I am not filing under C | hapter 11.                                          |                                                                                                                                                    |                                   |                                         |                                        |
|     |                                                                                                        | or a definition of small<br>usiness debtor, see                                 |                                     | No.                     | I am filing under Chap the Bankruptcy Code.         | ter 11, but I am NOT a small bu                                                                                                                    | ısiness debtor                    | accordi                                 | ng to the definition in                |
|     |                                                                                                        | C. § 101(51D).                                                                  |                                     | Yes.                    | I am filing under Chap<br>Bankruptcy Code.          | ter 11 and I am a small busines                                                                                                                    | ss debtor acco                    | rding to                                | the definition in the                  |
| Pa  | art 4:                                                                                                 | Report If You Ov                                                                | vn oi                               | r Hav                   | e Any Hazardous I                                   | Property or Any Property                                                                                                                           | y That Need                       | ds Imn                                  | nediate Attention                      |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable |                                                                                 |                                     | No<br>Yes.              | What is the hazard?                                 |                                                                                                                                                    |                                   |                                         |                                        |
|     | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention? |                                                                                 | /? Or do you own roperty that needs |                         | If immediate attention is needed, why is it needed? |                                                                                                                                                    |                                   |                                         |                                        |
|     | perishab<br>livestock                                                                                  | nple, do you own<br>le goods, or<br>that must be fed, or<br>g that needs urgent |                                     |                         | Where is the property?                              | Number Street                                                                                                                                      | N. W. Mr. Av                      | *************************************** |                                        |
|     | repairs?                                                                                               |                                                                                 |                                     |                         |                                                     |                                                                                                                                                    |                                   |                                         |                                        |
|     |                                                                                                        |                                                                                 |                                     |                         |                                                     | City                                                                                                                                               | S                                 | tate                                    | ZiP Code                               |

| Debtor | 1 |
|--------|---|
|--------|---|

**DONNA RICHIE** 

Case number (if known)

### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1: You must check one:

received a briefing from an approved credit sounseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

certify that I asked for credit-counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| De  | btor 1                                                 | DONNA RICHIE                                                                                                      |      |                              | ······        |                                                                          |                     | Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (if kno                                 | wn)                                                                                                                  |
|-----|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------|------------------------------|---------------|--------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| \F  | Part 6:                                                | Answer These                                                                                                      | Que  | stion                        | s fo          | r Reporting                                                              | Purpo               | eses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                                      |
| 16. | What k<br>have?                                        | ind of debts do you                                                                                               | 16   | ia. A<br>a:<br>[             | s "inc<br>] N | our debts primurred by an ind<br>o. Go to line 1<br>es. Go to line       | lividual p<br>6b.   | nsumer debts? Consumer or consumer or consumer or consumer or consumer is consumer to the consumer of the cons | debts<br>y, or h                        | are defined in 11 U.S.C. § 101(8) ousehold purpose."                                                                 |
|     |                                                        |                                                                                                                   | 16   | b. A<br>m<br>C               | oney<br>No    | ur debts prima<br>for a business<br>o. Go to line 16<br>es. Go to line 1 | or inves<br>6c.     | siness debts? Business de<br>treat or through the operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>bts</i> ar                           | e debts that you incurred to obtain<br>he business or investment.                                                    |
|     |                                                        |                                                                                                                   | 16   | c. St                        | ate th        | e type of debts                                                          | s you ow            | e that are not consumer or b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | usines                                  | ss debts.                                                                                                            |
| 17. | Are you<br>Chapter                                     | filing under<br>7?                                                                                                | abla | No.                          | l a           | m not filing und                                                         | der Char            | oter 7. Go to line 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | *************************************** |                                                                                                                      |
|     | any exe<br>exclude<br>adminis<br>are paid<br>available | estimate that after mpt property is d and trative expenses that funds will be e for distribution cured creditors? |      | Yes                          | . la<br>ad    | m filing under (<br>ministrative ex<br>  No<br>  Yes                     | Chapter<br>penses a | 7. Do you estimate that after are paid that funds will be ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r any e<br>ailable                      | exempt property is excluded and to distribute to unsecured creditors?                                                |
| 18. |                                                        | ny creditors do<br>mate that you                                                                                  |      | 1-49<br>50-9<br>100-<br>200- | 9<br>199      |                                                                          |                     | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | 25,001-50,000<br>50,001-100,000<br>More than 100,000                                                                 |
| 19. |                                                        | ch do you<br>your assets to<br>i?                                                                                 |      | \$50,<br>\$100               | ,001-         | 00<br>1100,000<br>\$500,000<br>\$1 million                               |                     | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
|     |                                                        | ch do you<br>your liabilities to                                                                                  |      | \$50,0<br>\$100              | ,001-         | 0<br>100,000<br>\$500,000<br>\$1 million                                 |                     | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion                           |

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| Debtor 1 | DONNA RICHIE | Case number (if known)                                                                                                                                                                                                                                             |
|----------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 7:  | Sign Below   |                                                                                                                                                                                                                                                                    |
| For you  |              | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.                                                                                                                                           |
|          |              | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.               |
|          |              | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                                               |
|          |              | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                                                                                       |
|          |              | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          |              | DONNA RICHIE, Debtor 1 Signature of Debtor 2                                                                                                                                                                                                                       |
|          |              | Executed on <u>02/22/2018</u> Executed on <u>MM / DD / YYYY</u>                                                                                                                                                                                                    |

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| Debtor 1 First Name Middle Nar                                                  | ne Last Name                                                                                                                                                 | ANNO 400                                                                                                                                                          | Case number (if known)                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For you if you are filing this<br>bankruptcy without an<br>attorney             | should understand that                                                                                                                                       | many people find it<br>y. Because bankrup                                                                                                                         | ent yourself in bankruptcy court, but you extremely difficult to represent tcy has long-term financial and legal ire a qualified attorney.                                                                                                                                                                                         |
| If you are represented by<br>an attorney, you do not<br>need to file this page. | To be successful, you must<br>technical, and a mistake or<br>dismissed because you did<br>hearing, or cooperate with the                                     | correctly file and hand<br>inaction may affect you<br>not file a required doc<br>he court, case trustee,<br>for audit. If that happe                              | tile your bankruptcy case. The rules are very<br>ur rights. For example, your case may be<br>ument, pay a fee on time, attend a meeting or<br>U.S. trustee, bankruptcy administrator, or audit<br>ens, you could lose your right to file another                                                                                   |
|                                                                                 | court. Even if you plan to pa<br>in your schedules. If you do<br>property or properly claim it<br>also deny you a discharge o<br>case, such as destroying or | y a particular debt out<br>not list a debt, the debt<br>as exempt, you may not<br>all your debts if you of<br>hiding property, falsify<br>to determine if debtors | nedules that you are required to file with the side of your bankruptcy, you must list that debt of may not be discharged. If you do not list not be able to keep the property. The judge can do something dishonest in your bankruptcy ing records, or lying. Individual bankruptcy is have been accurate, truthful, and complete. |
|                                                                                 | If you decide to file without a<br>hired an attorney. The court<br>successful, you must be fam                                                               | an attorney, the court e<br>will not treat you differ<br>niliar with the United St<br>the local rules of the co                                                   | expects you to follow the rules as if you had ently because you are filing for yourself. To be ates Bankruptcy Code, the Federal Rules of ourt in which your case is filed. You must also                                                                                                                                          |
|                                                                                 | Are you aware that filing for I consequences?  No                                                                                                            | bankruptcy is a serious                                                                                                                                           | s action with long-term financial and legal                                                                                                                                                                                                                                                                                        |
| ·                                                                               | •                                                                                                                                                            | cy fraud is a serious cr<br>I could be fined or imp                                                                                                               | ime and that if your bankruptcy forms are risoned?                                                                                                                                                                                                                                                                                 |
|                                                                                 | Did you pay or agree to pay s No Yes. Name of Person                                                                                                         | ISAN S                                                                                                                                                            | attorney to help you fill out your bankruptcy forms?                                                                                                                                                                                                                                                                               |
|                                                                                 | have read and understood thi                                                                                                                                 | is notice, and I am awa                                                                                                                                           | e risks involved in filing without an attorney. I<br>are that filing a bankruptcy case without an<br>y if I do not properly handle the case.                                                                                                                                                                                       |
|                                                                                 | Signature of Debtor 1                                                                                                                                        | Lichie                                                                                                                                                            | Signature of Debtor 2                                                                                                                                                                                                                                                                                                              |
|                                                                                 | Date 2-23-0<br>MM/DD /YYYY                                                                                                                                   | 2018                                                                                                                                                              | Date MM / DD / YYYY                                                                                                                                                                                                                                                                                                                |
| 28. <sub>p</sub> .                                                              | Contact phone Cell phone                                                                                                                                     | 101013                                                                                                                                                            | Contact phone                                                                                                                                                                                                                                                                                                                      |
|                                                                                 | Email address TARES                                                                                                                                          | ta Thaga                                                                                                                                                          | Cell phone                                                                                                                                                                                                                                                                                                                         |

| A STATE OF THE PARTY OF THE PAR | Fill in this inf                   | ormation to id                           | lentify your case:                                   |                                                                                                 |                                 |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 1                           | DONNA                                    |                                                      | RICHIE                                                                                          |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | First Name                               | Middle Name                                          | Last Name                                                                                       |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 2<br>(Spouse, if filing)    | First Name                               | Middle Name                                          | Last Name                                                                                       |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | United States Bar                  | nkruptcy Court for                       | the: NORTHERN DI                                     | STRICT OF ILLINOIS                                                                              |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case number                        |                                          |                                                      |                                                                                                 |                                 |                                    |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (if known)                         |                                          |                                                      |                                                                                                 | <del></del>                     | c if this is an<br>ded filing      |
| <u>C</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Official Form                      | 106Sum                                   |                                                      |                                                                                                 |                                 |                                    |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ummary of                          | Your Asse                                | ts and Liabilitie                                    | es and Certain Stati                                                                            | stical Information              | 12/15                              |
| SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | chedules after yo                  | n. Pili out all of y                     | our schedules first; t<br>al forms, you must fil     | I people are filing together, be<br>nen complete the information<br>I out a new Summary and che | on this form if you are filling | na amandad                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                          |                                                      |                                                                                                 |                                 | Your assets                        |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cabadula A/D.                      | Description (Official st                 | - 1001 m.                                            |                                                                                                 |                                 | Value of what you own              |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    | Property (Official                       | •                                                    |                                                                                                 |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a. Copy line                      | 55, Total real esta                      | ite, from Schedule A/B                               |                                                                                                 | ,                               | \$159,000.00                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b. Copy line                      | 62, Total persona                        | property, from Schedu                                | ile A/B                                                                                         |                                 | \$23,050.00                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c. Copy line                      | 63, Total of all pro                     | perty on Schedule A/B                                | ······································                                                          |                                 | . \$182,050.00                     |
| f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part 2: Sum                        | marize Your                              | Liabilities                                          |                                                                                                 |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                          |                                                      |                                                                                                 |                                 | Your liabilities<br>Amount you owe |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Schedule D: Cre<br>2a. Copy the to | editors Who Have<br>otal you listed in C | Claims Secured by Proceeds of Claims A, Amount of Cl | operty (Official Form 106D)<br>aim, at the bottom of the last pa                                | age of Part 1 of Schedule D     | \$241,000.00                       |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Schedule E/F: 0                    | Creditors Who Hav                        | e Unsecured Claims (                                 | Official Form 106E/F)                                                                           |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3a. Copy the to                    | otal claims from P                       | art 1 (priority unsecure                             | d claims) from line 6e of Sched                                                                 | ule E/F                         | \$0.00                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3b. Copy the to                    | otal claims from P                       | art 2 (nonpriority unsec                             | ured claims) from line 6j of Sch                                                                | edule E/F'                      | +\$0.00                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                          |                                                      |                                                                                                 | Your total liabilities          | \$241,000.00                       |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | art 3: Sum                         | marize Your I                            | ncome and Expen                                      | ses                                                                                             |                                 |                                    |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Schedule I: Your                   | r Income (Official                       | Form 106I)                                           |                                                                                                 |                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                          |                                                      | edule I                                                                                         |                                 | \$5,605.17                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | schedule J; You                    | r Expenses (Offic                        | ial Form 106J)                                       |                                                                                                 |                                 |                                    |

Copy your monthly expenses from line 22c of Schedule J....

\$3,265.00

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| Debt | or 1                | DONNA RICHIE Car                                                                                                                                                                                                                                                                       | se number (if known)             |                      |
|------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|
| Pa   | rt 4:               | Answer These Questions for Administrative and Statistical                                                                                                                                                                                                                              | Records                          |                      |
| 6.   | Are you             | filing for bankruptcy under Chapters 7, 11, or 13?                                                                                                                                                                                                                                     |                                  |                      |
| į    | ☐ No.<br>☑ Yes      | You have nothing to report on this part of the form. Check this box and submi                                                                                                                                                                                                          | it this form to the court with y | our other schedules. |
| 7. V | Vhat kin            | d of debt do you have?                                                                                                                                                                                                                                                                 |                                  |                      |
| _    | You                 | r debts are primarily consumer debts. Consumer debts are those "incurred ily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical r debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules. | numoses 28 HSC \$ 150            |                      |
| 8. F | rom the             | Statement of Your Current Monthly Income: Copy your total current monthlorm 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                                                                                                                            | y income from                    | \$5,197.00           |
| 9. C | opy the             | following special categories of claims from Part 4, line 6 of Schedule E/F:                                                                                                                                                                                                            | :                                |                      |
| F    | rom Par             | t 4 on <i>Schedule E/F</i> , copy the following:                                                                                                                                                                                                                                       | Total claim                      |                      |
| 98   | a. Dom              | estic support obligations. (Copy line 6a.)                                                                                                                                                                                                                                             | \$0.0                            | 0                    |
| 9b   | o. Taxe             | s and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                                                                                      | \$0.00                           | <u>)</u>             |
| 90   | c. Clain            | ns for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                                                                            | \$0.00                           | <u>)</u>             |
| 9d   | l. Stude            | ent loans. (Copy line 6f.)                                                                                                                                                                                                                                                             | \$0.00                           | <u>)</u>             |
| 9e   | . Obliga<br>priorit | ations arising out of a separation agreement or divorce that you did not report a<br>y claims. (Copy line 6g.)                                                                                                                                                                         | s <b>\$0.0</b> 0                 | )<br>                |
| 9f.  | Debts               | to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                                                                           | +\$0.00                          | ı                    |

9g. Total. Add lines 9a through 9f.

\$0.00

Case 18-05049 Doc 1 Filed 02/23/18 Entered 02/23/18 15:35:55 Desc Main Document Page 11 of 42 Fill in this information to identify your case and this filing: Debtor 1 **DONNA** RICHIE First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an (if known) amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Do not deduct secured claims or exemptions. Put the Check all that apply. amount of any secured claims on Schedule D: 4206 W. 206th Place Street address, if available, or other description Creditors Who Have Claims Secured by Property. Single-family home Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Matteson IL 60443 Manufactured or mobile home \$159,000.00 \$159,000.00 ZIP Code Land Investment property Describe the nature of your ownership interest (such as fee simple, tenancy by the П Timeshare entireties, or a life estate), if known. Other П Homestead Who has an interest in the property? Residence 4206 W. 296th Place Check one. Debtor 1 only Check if this is community property Debtor 2 only (see instructions) Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any \$159,000.00 entries for pages you have attached for Part 1. Write that number here..... **Describe Your Vehicles** 

Part 2:

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No

 $\square$ 

City

Cook

County

Yes Yes

Case 18-05049 Doc 1 Filed 02/23/18 Entered 02/23/18 15:35:55 Desc Main Page 12 of 42 Document Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: \_\_ District of Case number ☐ Check if this is an (If known) amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: **List All Secured Claims** Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately Amount of claim Value of collateral Unsecured for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. that supports this portion Do not deduct the As much as possible, list the claims in alphabetical order according to the creditor's name. value of collateral, claim If any Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only ☐ Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 2.2 Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only car loan) ☐ Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit At least one of the debtors and another ☐ Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

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| Additional Page Part 1: After listing any entries on this by 2.4, and so forth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | page, number them beginning with 2.3, followed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                               | Describe the property that secures the claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - 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                                               | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Who owes the debt? 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| Check if this claim relates to a community debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Add the dollar value of your entries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s in Column A on this page. Write that number here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Debtor 1

Case 18-05049 Doc 1 Filed 02/23/18

Entered 02/23/18 15:35:55 Desc Main Page 14 of 42 Case number (if known)

Part 2:

List Others to Be Notified for a Debt That You Already Listed

| you have moi                                                | re than one creditor for any debts in Part 1, d                                                                     | r any of the debts that                                                                                        | t you listed in Part 1.                                                                                        | ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             |                                                                                                                     |                                                                                                                |                                                                                                                | On which line in Part 1 did you enter the creditor?                                                                                                         |
| Name                                                        |                                                                                                                     |                                                                                                                |                                                                                                                | Last 4 digits of account number                                                                                                                             |
| Number                                                      | Street                                                                                                              |                                                                                                                |                                                                                                                | <del></del>                                                                                                                                                 |
| City                                                        |                                                                                                                     | State                                                                                                          | ZIP Code                                                                                                       |                                                                                                                                                             |
| A ANDRES MELLEN AND AND AND AND AND AND AND AND AND AN      | kan kan katan katan daring pangan dari kanpan katan pakan pakan na kan menanan arawa.<br>B                          | er militaring van trock och och militaris strocks a koud skill videligt stelligistiss.                         | elikatikatikatikan tilan kita misinta pengangan pengangan kana kina sancara ang sebagai sancara.               | On which line in Part 1 did you enter the creditor?                                                                                                         |
| Name                                                        |                                                                                                                     |                                                                                                                |                                                                                                                | Last 4 digits of account number                                                                                                                             |
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| City                                                        |                                                                                                                     | State                                                                                                          | ZIP Code                                                                                                       |                                                                                                                                                             |
| SPERSON TO SELECTION AND AND AND AND ADDRESS OF THE         | ed perfil religibilization of the distribution is the contract properties to be an electrical contract per contract | er i den stellen mennigen even ere fort men men mennigen bestellt stelle i Stelle i Stelle i Stelle i Stelle i | galandishigang danidang menerunik senerung da sa mammerangga ( 1449) adam selam                                | On which line in Part 1 did you enter the creditor?                                                                                                         |
| Name                                                        |                                                                                                                     |                                                                                                                |                                                                                                                | Last 4 digits of account number                                                                                                                             |
| Number                                                      | Street                                                                                                              |                                                                                                                |                                                                                                                |                                                                                                                                                             |
| City                                                        |                                                                                                                     | State                                                                                                          | ZiP Code                                                                                                       | _                                                                                                                                                           |
| ammerican shape and private brinds and discolarization from | e e e e e e e e e e e e e e e e e e e                                                                               | BN 17 BN 18 LANGER (1975) AND                                              | n men ning mengangan perlamakan perlaman di melangkan pelanggan pelanggan pelanggan penanggan pelanggan pelang | On which line in Part 1 did you enter the creditor?                                                                                                         |
| Name                                                        |                                                                                                                     |                                                                                                                |                                                                                                                | Last 4 digits of account number                                                                                                                             |
| Number                                                      | Street                                                                                                              |                                                                                                                |                                                                                                                |                                                                                                                                                             |
|                                                             |                                                                                                                     |                                                                                                                |                                                                                                                |                                                                                                                                                             |
| City                                                        | le de est estissa etambumbania (PA) stavina eta datuerra Ni                                                         | State                                                                                                          | ZIP Code                                                                                                       | On which line in Doub 4 did now and the 20                                                                                                                  |
| Name                                                        |                                                                                                                     |                                                                                                                |                                                                                                                | On which line in Part 1 did you enter the creditor?<br>Last 4 digits of account number                                                                      |
| Number                                                      | Street                                                                                                              |                                                                                                                |                                                                                                                | -                                                                                                                                                           |
|                                                             |                                                                                                                     |                                                                                                                |                                                                                                                | -                                                                                                                                                           |
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|                                                             |                                                                                                                     |                                                                                                                |                                                                                                                | On which line in Part 1 did you enter the creditor?                                                                                                         |
| Name                                                        |                                                                                                                     |                                                                                                                |                                                                                                                | Last 4 digits of account number                                                                                                                             |
| Number                                                      | Street                                                                                                              |                                                                                                                |                                                                                                                | <u>.</u>                                                                                                                                                    |
|                                                             |                                                                                                                     |                                                                                                                | <del></del>                                                                                                    | -                                                                                                                                                           |
| City                                                        |                                                                                                                     | State                                                                                                          | ZIP Code                                                                                                       | <del></del>                                                                                                                                                 |

Case 18-05049 Doc 1 Filed 02/23/18 Entered 02/23/18 15:35:55 Desc Main Document Page 15 of 42

| Debtor 1 DONNA RICHIE                                                                                                                                                           |                                                                                                                                                                                                        | Case number (if known)                                         |                                                       |                                   |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|--|--|
| Additional Page Part 1: After listing any entries on this page, number them sequentially from the previous page.                                                                |                                                                                                                                                                                                        | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |
| 2.2 Select Portfolio Servicing Creditor's name                                                                                                                                  | Describe the property that secures the claim: - Residence 4206 W. 296th                                                                                                                                | \$219,000.00                                                   | \$159,000.00                                          | \$60,000.00                       |  |  |
| PO Box 65250  Number Street  Salt Lake City UT 84165-0250                                                                                                                       | Place  As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                                        |                                                                |                                                       |                                   |  |  |
| Salt Lake City UT 84165-0250 City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Unliquidated ☐ Disputed  Nature of lien. Check all that apply ☐ An agreement you made (such a Statutory lien (such as tax lien, n Judgment lien from a lawsuit ☐ Other (including a right to offset) | as mortgage or secured<br>nechanic's lien)                     | car loan)                                             |                                   |  |  |
| Check if this claim relates to a community debt                                                                                                                                 | Mortgage Collection                                                                                                                                                                                    |                                                                |                                                       |                                   |  |  |
| Date debt was incurred                                                                                                                                                          | Last 4 digits of account number                                                                                                                                                                        |                                                                |                                                       |                                   |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$219,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$241,000.00

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| Fill in this i                                     | nformation to ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | entify your ca                                                | se:                                                                                                         |                                                                                                                                           |                        |                       |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| Debtor 1                                           | DONNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | RICHIE                                                                                                      |                                                                                                                                           |                        |                       |
|                                                    | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                   | Last Name                                                                                                   |                                                                                                                                           |                        |                       |
| Debtor 2                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                                                                             |                                                                                                                                           |                        |                       |
| (Spouse, if filin                                  | ig) First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Middle Name                                                   | Last Name                                                                                                   |                                                                                                                                           |                        |                       |
|                                                    | Bankruptcy Court for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ne: NORTHERN                                                  | I DISTRICT OF ILLING                                                                                        | DIS                                                                                                                                       |                        |                       |
| Case number<br>(if known)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                                                                             |                                                                                                                                           | Check if this is       |                       |
| Official For                                       | m 106E/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                                             |                                                                                                                                           | omenado mm             | 3                     |
| Schedule E                                         | E/F: Creditors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Who Have                                                      | Unsecured Clai                                                                                              | ms                                                                                                                                        |                        | 12/15                 |
| Do not include a if more space is to this page. On | ny creditors with pai<br>needed, copy the Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rtially secured ci<br>irt you need, fill<br>ional pages, writ | d on Schedule G: Exect<br>laims that are listed in S<br>it out, number the entric<br>e your name and case i | that could result in a clair<br>utory Contracts and Unex<br>Schedule D: Creditors Wh<br>es in the boxes on the left<br>number (if known). | pired Leases (Offici   | ial Form 106G).       |
|                                                    | litors have priority u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                                                                             |                                                                                                                                           |                        |                       |
|                                                    | to Part 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               | agamet your                                                                                                 |                                                                                                                                           |                        |                       |
| show both pr<br>more space i                       | nority and nonpriority a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | iny what type of ci<br>amounts. As muc<br>insecured claims,   | aim it is. If a claim has b<br>h as possible, list the cla                                                  | priority unsecured claim, lise oth priority and nonpriority aims in alphabetical order ac Page of Part 1. If more that                    | amounts, list that cla | im here and           |
| (For an expla                                      | anation of each type of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | f claim, see the in                                           | structions for this form in                                                                                 | the instruction booklet                                                                                                                   |                        |                       |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                                                                             | Total claim                                                                                                                               | Priority<br>amount     | Nonpriority<br>amount |
| 2.1<br>SAF SC                                      | 00 ACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~^)                                                           |                                                                                                             |                                                                                                                                           |                        |                       |
| Priority Greditors Nam                             | ne / 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                                      | est 4 digits of account n                                                                                   | umber                                                                                                                                     |                        |                       |
| Number Street                                      | HAZECT /INE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VRICE                                                         | hen was the debt incurr                                                                                     | ed?                                                                                                                                       |                        |                       |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A:                                                            | s of the date you file, the                                                                                 | claim is: Check all that a                                                                                                                | pply.                  |                       |
| OQUAND                                             | O, FLO 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2822                                                          | Contingent Unliquidated Disputed                                                                            |                                                                                                                                           |                        |                       |
| City Who incurred the                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Code L                                                        | •                                                                                                           |                                                                                                                                           |                        |                       |
| Debtor 1 only                                      | and the state of t | ',<br>                                                        | pe of PRIORITY unsecu<br>Domestic support obliq                                                             |                                                                                                                                           |                        |                       |
| Debtor 2 only Debtor 1 and D                       | Dehtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               | Taxes and certain other                                                                                     | r debts you owe the govern                                                                                                                | ment                   |                       |
| At least one of                                    | the debtors and anoth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ner 🗆                                                         | Claims for death or pen<br>intoxicated                                                                      | sonal injury while you were                                                                                                               |                        |                       |
| -                                                  | claim is for a commu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nity debt                                                     | Other. Specify                                                                                              |                                                                                                                                           |                        |                       |
| is the claim subje                                 | ct to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | استا                                                          | •                                                                                                           |                                                                                                                                           |                        |                       |
| ☐ No<br>☐ Yes                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                                                                             |                                                                                                                                           |                        |                       |

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| Debtor I DONNA RICHIE                                                                                                                                                                                                                       | Case number (if known)                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 2: List All of Your NONPRIORI                                                                                                                                                                                                          | TY Unsecured Claims                                                                                                                                                                                                                                                |
| 4. List all of your nonpriority unsecured claims                                                                                                                                                                                            | rt. Submit this form to the court with your other schedules.                                                                                                                                                                                                       |
| type of claim it is. Do not list claims already in                                                                                                                                                                                          | ecured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.      |
| 4.1                                                                                                                                                                                                                                         | Total claim                                                                                                                                                                                                                                                        |
| Nonpriority Creditor's Name  Number Street                                                                                                                                                                                                  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                                             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  No Yes | Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |

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| Debtor 1                    | DONN               | A RICHIE Case num                                                                                                                   | per (if known)           |
|-----------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Part 4:                     | Add                | the Amounts for Each Type of Unsecured Claim                                                                                        | (V. XICONI)              |
| 6. Total th<br>28 U.S.      | e amou<br>C. § 159 | nts of certain types of unsecured claims. This information is for statistica<br>. Add the amounts for each type of unsecured claim. | reporting purposes only. |
|                             |                    |                                                                                                                                     | Total claim              |
| Total claims<br>from Part 1 | 6a                 | Domestic support obligations                                                                                                        | 6a. <b>\$0.00</b>        |
|                             | 6b.                | Taxes and certain other debts you owe the government                                                                                | 6b. <b>\$0.00</b>        |
|                             | 6c.                | Claims for death or personal injury while you were intoxicated                                                                      | 6c. <b>\$0.00</b>        |
|                             | 6d.                | Other. Add all other priority unsecured claims. Write that amount here.                                                             | 6d. <b>+\$0.00</b>       |
|                             | 6e.                | Total. Add lines 6a through 6d.                                                                                                     | 6d. <b>\$0.00</b>        |
|                             |                    |                                                                                                                                     | Total claim              |
| Total claims<br>from Part 2 | 6f.                | Student loans                                                                                                                       | 6f. <b>\$0.00</b>        |
|                             | 6g.                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                             | 6g. <b>\$0.00</b>        |
|                             | 6h.                | Debts to pension or profit-sharing plans, and other similar debts                                                                   | 6h. <b>\$0.00</b>        |
|                             | 6i.                | Other. Add all other nonpriority unsecured claims. Write that amount here.                                                          | 6i. <b>+</b> \$0.00      |
|                             | 6j.                | Total. Add lines 6f through 6i.                                                                                                     | 6j. <b>\$0.00</b>        |
|                             |                    |                                                                                                                                     |                          |

Debtor 1

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| Fill in this info   | ormation to i                           | dentify your case  | 1                   |   |                     |
|---------------------|-----------------------------------------|--------------------|---------------------|---|---------------------|
| Debtor 1            | DONNA                                   | BELDE NAME         | RICHIE              |   |                     |
| Debtor 2            | First Name                              | Middle Name        | Last Name           |   |                     |
| (Spouse, if filing) | First Name                              | Middle Name        | Last Name           |   |                     |
| United States Bar   | kruptcy Court fo                        | or the: NORTHERN D | ISTRICT OF ILLINOIS |   |                     |
| Case number         | *************************************** |                    | 7.44. A. 4          | П | Check if this is an |
| (if known)          |                                         |                    |                     |   | amended filing      |
| Official Form       | <u> 106G</u>                            |                    |                     |   |                     |
| ^ L _ L _ L _ C     |                                         | 0                  |                     |   |                     |

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - 7 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B; Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| and the second | Brooks a karanta kalendaria da santa da karanta                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                             |                                                         | GASHEGARIO .                                                                          |                            |  |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------|--|
| F              | ill in this inf                                                                                                                                                                                                                                                                                                                                                                                                                                | ormation to id                                  | dentify your case:                                          |                                                         |                                                                                       |                            |  |
| D              | ebtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                        | DONNA                                           |                                                             | RICHIE                                                  |                                                                                       |                            |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                                      | Middle Name                                                 | Last Name                                               |                                                                                       |                            |  |
|                | ebtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                                             |                                                         |                                                                                       |                            |  |
| (5             | Spouse, if filing)                                                                                                                                                                                                                                                                                                                                                                                                                             | First Name                                      | Middle Name                                                 | Last Name                                               |                                                                                       |                            |  |
| U              | nited States Bai                                                                                                                                                                                                                                                                                                                                                                                                                               | nkruptcy Court for                              | the: NORTHERN D                                             | ISTRICT OF ILLINOIS                                     |                                                                                       |                            |  |
| c              | ase number                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                                             |                                                         |                                                                                       |                            |  |
| (if            | known)                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                                             |                                                         | j                                                                                     | if this is an<br>ed filing |  |
| L              |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | ***************************************                     |                                                         |                                                                                       | 50 mmg                     |  |
| Ωf             | ficial Form                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1061                                            |                                                             |                                                         |                                                                                       |                            |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                     |                                                             |                                                         |                                                                                       |                            |  |
| Sc             | hedule H:                                                                                                                                                                                                                                                                                                                                                                                                                                      | Your Code                                       | btors                                                       |                                                         |                                                                                       | 12/15                      |  |
|                | e. On the top o                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Pages, write your na                                        |                                                         | on the left. Attach the Additional (nown). Answer every question.                     | rage to this               |  |
| 2.             | Within the las include Arizon                                                                                                                                                                                                                                                                                                                                                                                                                  | t <b>8 years, have y</b><br>a, California, Idah | <mark>ou lived in a commu</mark> n<br>o, Louisiana, Nevada, | ity property state or terri<br>New Mexico, Puerto Rico, | t <b>ory?</b> <i>(Community property states a</i><br>Texas, Washington, and Wisconsin | and territories<br>.)      |  |
|                | ☑ No. Go to                                                                                                                                                                                                                                                                                                                                                                                                                                    | o line 3.                                       |                                                             |                                                         |                                                                                       |                            |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                | your spouse, forn                               | ner spouse, or legal eq                                     | uivalent live with you at the                           | time?                                                                                 |                            |  |
|                | □ No                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                                                             |                                                         |                                                                                       |                            |  |
| 3.             | In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. |                                                 |                                                             |                                                         |                                                                                       |                            |  |
|                | Column 1:                                                                                                                                                                                                                                                                                                                                                                                                                                      | Your codebtor                                   |                                                             |                                                         | Column 2: The creditor to wh                                                          | om you owe the debt        |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                             |                                                         | Check all schedules that apply:                                                       |                            |  |

Official Form 106H

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|                                                                                                                                                      | ation to ident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ify your case:                                                                                            |                                                                                                                                                       |                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                                                                                                                                             | DONNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | RICHIE                                                                                                                                                |                                                                                                                                       |
|                                                                                                                                                      | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                               | Last Name                                                                                                                                             | Check if this is:                                                                                                                     |
| Debtor 2<br>(Spouse, if filing)                                                                                                                      | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                               | Last Name                                                                                                                                             | An amended filing                                                                                                                     |
| United States Bankru                                                                                                                                 | uptcy Court for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NORTHERN                                                                                                  | DISTRICT OF ILLINOIS                                                                                                                                  | A supplement showing postpetition chapter 13 income as of the following d                                                             |
| Case number<br>(if known)                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                       |                                                                                                                                       |
| Official Form 106                                                                                                                                    | 6I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | <del></del>                                                                                                                                           | MM / DD / YYYY                                                                                                                        |
| Schedule I: You                                                                                                                                      | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                                                       | 12/                                                                                                                                   |
| nciude information abo<br>bout your spouse. If r<br>our name and case nu                                                                             | out your spouse.<br>nore space is ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | If you are sepai<br>eded, attach a se<br>Answer every o                                                   | rated and your spouse is not filln eparate sheet to this form. On th                                                                                  | nd your spouse is living with you, ig with you, do not include information e top of any additional pages, write                       |
| . Fill in your employ information.                                                                                                                   | ment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | Debtor 1                                                                                                                                              | Debtor 2 or non-filing spouse                                                                                                         |
| If you have more the<br>job, attach a separa                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oyment status                                                                                             |                                                                                                                                                       | Employed                                                                                                                              |
| with information abo                                                                                                                                 | out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                         | ☐ Not employed                                                                                                                                        | Not employed                                                                                                                          |
| additional employers                                                                                                                                 | s.<br>Осси                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pation                                                                                                    | SUBSTITUTE TEACHER                                                                                                                                    |                                                                                                                                       |
| Include part-time, se<br>or self-employed wo                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oyer's name                                                                                               | MATTESON SCHOOL DISTR                                                                                                                                 | RICT                                                                                                                                  |
| Occupation may incl<br>student or homemak                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | yer's address                                                                                             | 4601 SAUK TRAIL                                                                                                                                       |                                                                                                                                       |
|                                                                                                                                                      | ter, ii it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | Number Street RICHTON PARK, IL., IL 6047                                                                                                              | Number Street                                                                                                                         |
| applies.                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                       |                                                                                                                                       |
|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                       |                                                                                                                                       |
|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | City State Zip                                                                                                                                        | Code City State Zip Code                                                                                                              |
|                                                                                                                                                      | How I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ong employed th                                                                                           | -                                                                                                                                                     | Code City State Zip Code                                                                                                              |
| applies.                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | nere? 3 years                                                                                                                                         | Code City State Zip Code                                                                                                              |
| applies. Part 2: Give De                                                                                                                             | tails About M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | onthly Income                                                                                             | nere? <u>3 years</u>                                                                                                                                  |                                                                                                                                       |
| applies. Part 2: Give De                                                                                                                             | tails About Mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | onthly Income                                                                                             | nere? <u>3 years</u>                                                                                                                                  | Code City State Zip Code  any line, write \$0 in the space. Include your                                                              |
| applies.  Part 2: Give Del  stimate monthly incom                                                                                                    | tails About More as of the date you are separated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | onthly Income                                                                                             | e a. If you have nothing to report for a                                                                                                              |                                                                                                                                       |
| Part 2: Give Del  stimate monthly income in-filing spouse unless you or your non-filing sp                                                           | tails About More as of the date you are separated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | onthly Income                                                                                             | e a. If you have nothing to report for a                                                                                                              | any line, write \$0 in the space. Include your mployers for that person on the lines below. If                                        |
| applies.  Part 2: Give Deletimate monthly incomentating spouse unless you or your non-filing sp                                                      | tails About Money as of the date of the da | onthly Income  you file this form  han one employe eet to this form.                                      | e. If you have nothing to report for a er, combine the information for all er  For Debto                                                              | any line, write \$0 in the space. Include your mployers for that person on the lines below. If or 1 For Debtor 2 or                   |
| applies.  Part 2: Give Deletimate monthly incomen-filing spouse unless you or your non-filing spuneed more space, attribute the spayoli deductions). | tails About More as of the date you are separated to be ach a separate shouse have more sach a separate shouse, salary, as if not paid month!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | onthly income you file this form han one employe eet to this form.  and commissions y, calculate what the | there? 3 years  a. If you have nothing to report for a ser, combine the information for all elements for Debto (before all 2. \$2,10 the monthly wage | any line, write \$0 in the space. Include your mployers for that person on the lines below. If or 1 For Debtor 2 or non-filing spouse |

| De  | btor 1 DON                                | INA RICHIE                                                                                                                                                                   | ······                    | Case num                                        | nber (if known)                  |                        |
|-----|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------|----------------------------------|------------------------|
|     |                                           |                                                                                                                                                                              |                           | For Debtor 1                                    | For Debtor 2 or non-filing spous | 9                      |
|     | Copy line 4 h                             | nere                                                                                                                                                                         | 4,                        | \$2,166.67                                      | \$0.00                           |                        |
| 5.  |                                           | oll deductions:                                                                                                                                                              |                           |                                                 |                                  |                        |
|     | 5a. Tax, Me                               | dicare, and Social Security deductions                                                                                                                                       | 5a.                       | \$383.50                                        | \$0.00                           |                        |
|     |                                           | ory contributions for retirement plans                                                                                                                                       | 5b.                       | \$0.00                                          | \$0.00                           |                        |
|     |                                           | ry contributions for retirement plans                                                                                                                                        | 5c.                       | \$0.00                                          | \$0.00                           |                        |
|     | · ·                                       | d repayments of retirement fund loans                                                                                                                                        | 5d.                       | \$0.00                                          | \$0.00                           |                        |
|     | 5e. Insuran                               |                                                                                                                                                                              | 5e.                       | \$0.00                                          | \$0.00                           |                        |
|     |                                           | ic support obligations                                                                                                                                                       | 5f.                       | \$0.00                                          | \$0.00                           |                        |
|     | 5g. Union de                              | <del></del>                                                                                                                                                                  | 5g.                       | \$0.00                                          | \$0.00                           |                        |
|     | 5h. Other de<br>Specify:                  |                                                                                                                                                                              | 5h. <b>+</b>              | \$0.00                                          | \$0.00                           |                        |
| 6.  | Add the payr<br>5g + 5h.                  | oll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +                                                                                                                      | 6.                        | \$383.50                                        | \$0.00                           |                        |
| 7.  | Calculate tota                            | al monthly take-home pay. Subtract line 6 from line 4.                                                                                                                       | 7.                        | \$1,783.17                                      | \$0.00                           |                        |
| 8.  | List all other                            | income regularly received:                                                                                                                                                   |                           |                                                 |                                  |                        |
|     |                                           | me from rental property and from operating a<br>s, profession, or farm                                                                                                       | 8a.                       | \$0.00                                          | \$0.00                           |                        |
|     | gross red                                 | statement for each property and business showing ceipts, ordinary and necessary business expenses, and monthly net income.                                                   |                           |                                                 |                                  |                        |
|     | 8b. Interest                              | and dividends                                                                                                                                                                | 8b.                       | \$0.00                                          | \$0.00                           |                        |
|     |                                           | upport payments that you, a non-filing spouse, or a<br>ent regularly receive                                                                                                 | 8c.                       | \$2,400.00                                      | \$0.00                           |                        |
|     |                                           | limony, spousal support, child support, maintenance, ettlement, and property settlement.                                                                                     |                           |                                                 |                                  |                        |
|     | 8d. Unemplo                               | yment compensation                                                                                                                                                           | 8d.                       | \$0.00                                          | \$0.00                           |                        |
|     | 8e. Social Se                             | ecurity                                                                                                                                                                      | 8e.                       | \$672.00                                        | \$0.00                           |                        |
|     | 8f. Other go                              | vernment assistance that you regularly receive                                                                                                                               |                           |                                                 |                                  |                        |
|     | cash assi<br>(benefits                    | ash assistance and the value (if known) or any non-<br>istance that you receive, such as food stamps<br>under the Supplemental Nutrition Assistance Program)<br>g subsidies. |                           |                                                 |                                  |                        |
|     | Specify:                                  | g                                                                                                                                                                            | 8f.                       | to on                                           | <b>¢</b> 0.00                    |                        |
|     |                                           | or retirement income                                                                                                                                                         |                           | \$0.00                                          | \$0.00                           |                        |
|     | •                                         | onthly income.                                                                                                                                                               | 8g.                       | \$0.00                                          | \$0.00                           |                        |
|     |                                           | ROOMATE / Social Security/Gov. Assist.                                                                                                                                       | 8h. +                     | \$750.00                                        | \$0.00                           |                        |
| 9.  | Add all other                             | income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.                                                                                                                     | 9.                        | \$3,822.00                                      | \$0.00                           |                        |
| 10. | Calculate mor                             | nthly income. Add line 7 + line 9.<br>s in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                           | 10.                       | \$5,605.17 +                                    | \$0.00                           | = \$5,605.17           |
| 11. | State all other                           | regular contributions to the expenses that you list in Soutions from an unmarried partner, members of your househout                                                         | <b>hedule</b><br>ild, you | r J.<br>r dependents, your r                    | oommates, and oth                | er                     |
|     | Do not include                            | any amounts already included in lines 2-10 or amounts that                                                                                                                   |                           |                                                 | penses listed in Sch             | edule J.               |
|     | Specify:                                  |                                                                                                                                                                              |                           |                                                 | 11.                              | + \$0.00               |
| 12. | Add the amou income. Write if it applies. | nt in the last column of line 10 to the amount in line 11. that amount on the Summary of Your Assets and Liabilities                                                         | The res<br>and Ce         | sult is the combined<br>rtain Statistical Infor | monthly 12.<br>mation,           | \$5,605.17<br>Combined |
|     |                                           |                                                                                                                                                                              |                           |                                                 |                                  | monthly income         |

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| Deb | tor 1     | DONNA I       | RICHIE                                                         | Case number (if known)                |  |
|-----|-----------|---------------|----------------------------------------------------------------|---------------------------------------|--|
| 13. |           | you expect an | increase or decrease within the year after you file this form? | ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( |  |
|     | $\square$ | No.           | None.                                                          |                                       |  |
|     |           | Yes. Explain: |                                                                |                                       |  |
|     |           |               |                                                                |                                       |  |

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|             | ill in this inform                          | nation to ide                      | ntify your                      | case:                                        |                                                   | 0                                       |                                            |                                                            |
|-------------|---------------------------------------------|------------------------------------|---------------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------------------|
|             | Debtor 1                                    | DONNA<br>First Name                | Middle                          | RIC<br>Name Last I                           | <b>HIE</b><br>Name                                |                                         | ıs ıs:<br>1ended filing<br>plement showing | r nostnatition                                             |
|             | Debtor 2<br>(Spouse, if filing)             | First Name                         | Middle                          | Name Last I                                  | Vame                                              | chapte                                  | er 13 expenses a<br>ing date:              |                                                            |
|             | United States Bankr                         | uptcv Court for                    | the: NORT                       | HERN DISTRICT                                | 1                                                 | *************************************** |                                            |                                                            |
|             | Case number (if known)                      |                                    |                                 |                                              |                                                   | MM / £                                  | OD / YYYY                                  |                                                            |
| O           | fficial Form 10                             | 6J                                 |                                 |                                              |                                                   |                                         |                                            |                                                            |
| Sc          | chedule J: Yo                               | ur Expens                          | ses                             |                                              |                                                   |                                         |                                            | 12/1!                                                      |
| nar         | rectinformation. If ne and case numbe       | more space is                      | needed, atta<br>Inswer every    | narried people are f<br>ch another sheet to  | iling together, both are<br>this form. On the top | equally res                             | nonsible for su                            | pplying<br>ite your                                        |
| 1.          | is this a joint case                        |                                    | isenoru                         |                                              |                                                   |                                         | · · · · · · · · · · · · · · · · · · ·      |                                                            |
| 2.          | ☐ No                                        | Debtor 2 live in a                 |                                 |                                              | es for Separate Househo                           | old of Debtor                           | 2.                                         |                                                            |
|             | Do not list Debtor 1<br>Debtor 2.           |                                    | Yes. Fill o                     | out this information ependent                | Dependent's relation Debtor 1 or Debtor 2         |                                         | Dependent's age                            | Does dependent live with you?                              |
|             | Do not state the depnames.                  | pendents'                          |                                 |                                              |                                                   |                                         |                                            | Yes No Yes No Yes No Yes No Yes No No No No No No No No No |
| 3.          | Do your expenses                            | include                            | <b>I</b> ✓I No                  |                                              |                                                   |                                         |                                            | Yes                                                        |
|             | expenses of people yourself and your o      |                                    | Yes                             |                                              |                                                   |                                         |                                            |                                                            |
| Estir       | rt 2: Estimat                               | e Your Ongo                        | nkruptcy filin                  | ly Expenses<br>g date unless you a           | re using this form as a                           | supplemen                               | t in a Chapter 1                           | 3 case                                                     |
| 0 16        | port expenses as o<br>orm and fill in the a | i a date after ti                  | ie pankruptcy                   | is filed. If this is a                       | supplemental Schedu                               | le J, check t                           | he box at the to                           | p of                                                       |
| nclu<br>uch | rde expenses paid f<br>assistance and ha    | or with non-ca<br>ve included it o | sh governme<br>on Schedule i    | nt assistance if you<br>: Your Income (Offic | know the value of<br>cial Form 106I.)             |                                         | Your expense                               | <b>9</b> 5                                                 |
| •           | The rental or home<br>Include first mortgag | ownership exp<br>e payments and    | censes for yo<br>any rent for t | ur residence.<br>he ground or lot.           |                                                   | 4.                                      |                                            | \$1,960.00                                                 |
|             | If not included in lir                      | e 4:                               |                                 |                                              |                                                   |                                         |                                            |                                                            |
|             | 4a. Real estate taxe                        | es                                 |                                 |                                              |                                                   | 48                                      | a                                          |                                                            |
| •           | 4b. Property, home                          | owner's, or rent                   | er's insurance                  |                                              |                                                   | 41                                      | ).<br>                                     | \$0.00                                                     |
|             | 4c. Home maintena                           | nce, repair, and                   | l upkeep expe                   | nses                                         |                                                   | 40                                      |                                            | \$40.00                                                    |
|             | 4d. Homeowner's as                          | ssociation or co                   | ndominium du                    | es                                           |                                                   | 40                                      | l                                          |                                                            |

| De   | btor 1 DONNA RICHIE Case number                                                                  | r (if knowr     | n)              |
|------|--------------------------------------------------------------------------------------------------|-----------------|-----------------|
|      |                                                                                                  | You             | r expenses      |
| 5.   | Additional mortgage payments for your residence, such as home equity loans                       | 5.              |                 |
| 6.   | Utilities:                                                                                       |                 |                 |
|      | 6a. Electricity, heat, natural gas                                                               | 6a.             | <b>\$220.00</b> |
|      | 6b. Water, sewer, garbage collection                                                             | 6b.             | \$70.00         |
|      | <ol> <li>Telephone, cell phone, Internet, satellite, and<br/>cable services</li> </ol>           | 6c.             | \$69.00         |
|      | 6d. Other. Specify:                                                                              | 6d.             | \$0.00          |
| 7.   | Food and housekeeping supplies                                                                   | 7.              | \$125.00        |
| 8.   | Childcare and children's education costs                                                         | 8.              |                 |
| 9.   | Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)                      | 9.              | \$40.00         |
| 10.  | Personal care products and services                                                              | 10.             |                 |
| 11.  | Medical and dental expenses                                                                      | <del>1</del> 1. | \$0.00          |
| 12.  | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments. | 12.             | \$80.00         |
| 13.  | Entertainment, clubs, recreation, newspapers, magazines, and books                               | 13.             | \$25.00         |
| 14.  | Charitable contributions and religious donations                                                 | 14.             | \$0.00          |
| 15.  | Insurance,                                                                                       | _               |                 |
|      | Do not include insurance deducted from your pay or included in lines 4 or 20.                    |                 | ·               |
|      | 15a. Life insurance                                                                              | 15a             | \$130.00        |
|      | 15b. Health insurance                                                                            | 15b             | \$0.00          |
|      | 15c. Vehicle insurance                                                                           | 15c             | \$106.00        |
| 4.0  | 15d. Other insurance. Specify:                                                                   | 15d.            | \$0.00          |
|      | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:       | 16.             | ** **           |
| 17.  | Installment or lease payments:                                                                   | 10              | \$0.00          |
|      | 17a. Car payments for Vehicle 1 Car Info?                                                        | 17a.            | \$400.00        |
|      | 17b. Car payments for Vehicle 2                                                                  | 17b.            |                 |
|      | 17c. Other. Specify:                                                                             | 17c.            | \$0.00          |
|      | 17d Other Specific                                                                               | 17d.            | \$0.00          |
| 8.   | Your payments of alimony maintenance and assess that                                             | 18.             | \$0.00          |
|      |                                                                                                  |                 |                 |
| 9. i | Other payments you make to support others who do not live with you.<br>Specify:                  | 40              |                 |
|      | Specify:                                                                                         | 19.             | \$0.00          |

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| De  | btor 1       | DONNA RICHIE                                                                                                                                                                       | se number (if known)                    |            |
|-----|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| 20. | Othe<br>Sche | r real property expenses not included in lines 4 or 5 of this form or on edule I: Your Income.                                                                                     |                                         |            |
|     | 20a.         | Mortgages on other property                                                                                                                                                        | 20a.                                    |            |
|     | 20b.         | Real estate taxes                                                                                                                                                                  | 20b.                                    |            |
|     | 20c.         | Property, homeowner's, or renter's insurance                                                                                                                                       | 20c                                     |            |
|     | 20d.         | Maintenance, repair, and upkeep expenses                                                                                                                                           | 204                                     |            |
|     | 20e.         | Homeowner's association or condominium dues                                                                                                                                        | 200                                     |            |
| 21. | Other        | r. Specify:                                                                                                                                                                        | 21.                                     |            |
| 22. | Calcu        | late your monthly expenses.                                                                                                                                                        | *************************************** |            |
|     | 22a.         | Add lines 4 through 21.                                                                                                                                                            | 22a.                                    | \$3,265.00 |
|     | 22b.         | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.                                                                                                   | 22b.                                    | <u> </u>   |
|     | 22c.         | Add line 22a and 22b. The result is your monthly expenses.                                                                                                                         | 22c.                                    | \$3,265.00 |
| 23. | Calcu        | late your monthly net income.                                                                                                                                                      | I                                       |            |
|     | 23a.         | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                       | 23a.                                    | \$5,605.17 |
|     | 23b.         | Copy your monthly expenses from line 22c above.                                                                                                                                    | 23b                                     | \$3,265.00 |
|     | 23c.         | Subtract your monthly expenses from your monthly income. The result is your monthly net income.                                                                                    | 23c.                                    | \$2,340.17 |
| 24. | Do yo        | u expect an increase or decrease in your expenses within the year after you file this                                                                                              | s form?                                 |            |
|     | For ex       | ample, do you expect to finish paying for your car loan within the year or do you expect y<br>int to increase or decrease because of a modification to the terms of your mortgage? |                                         |            |
|     | Ø N          | o                                                                                                                                                                                  |                                         |            |
|     |              | es. Explain here: None.                                                                                                                                                            |                                         |            |
|     |              | Total.                                                                                                                                                                             |                                         |            |
|     |              |                                                                                                                                                                                    |                                         |            |
|     |              |                                                                                                                                                                                    |                                         |            |

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| Debtor 1        | DONNA RICHIE                              | Case number (if known) |  |         |
|-----------------|-------------------------------------------|------------------------|--|---------|
| 9. <u>Cloth</u> | ing, laundry, and dry cleaning (details): |                        |  |         |
|                 | •                                         |                        |  | \$30.00 |
| Laun            | dry/Dry Cleaning                          |                        |  | \$10.00 |
|                 |                                           | Total:                 |  | \$40.00 |

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| Fill in this inf                | ormation to                 | identify your case       |                                  |                                                                                               |
|---------------------------------|-----------------------------|--------------------------|----------------------------------|-----------------------------------------------------------------------------------------------|
| Debtor 1                        | DONNA                       |                          | RICHIE                           |                                                                                               |
|                                 | First Name                  | Middle Name              | Last Name                        |                                                                                               |
| Debtor 2<br>(Spouse, if filing) | First Name                  | Middle Name              | Last Name                        |                                                                                               |
| United States Bar               | nkruptcy Court fo           | or the: NORTHERN D       | ISTRICT OF ILLINOIS              |                                                                                               |
| Case number                     | . ,                         |                          |                                  |                                                                                               |
| (if known)                      |                             |                          |                                  | Check if this is an                                                                           |
| Official Farm                   | 400D                        |                          |                                  | amended filing                                                                                |
| Official Form                   |                             |                          |                                  |                                                                                               |
| Declaration ,                   | About an I                  | ndividual Debt           | or's Schedules                   | 12/1                                                                                          |
|                                 | n Below<br>r agree to pay s | someone who is NOT a     | an attorney to help you fill out | hankruntey forms?                                                                             |
| ₩ No                            |                             |                          |                                  | ound up to y to mig !                                                                         |
| Yes. Na                         | me of person                |                          |                                  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| X DONNA RIC                     | ct.                         | clare that I have read t | X Signature of Debtor 2          | led with this declaration and that they are                                                   |
| Date <u>02/22</u>               | 2/2018<br>DD / YYYY         |                          | Date MM / DD / YYYY              |                                                                                               |

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| De        | ebtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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|           | ebtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| (S        | pouse, if filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                           | kruptcy Court fo                                                                                                                                                       | r the: NORTHERN D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Debtor 1 DONNA RICHIE                                                                                                                                                              |                                                                                                       | Case nu                                              | ımber (if known)                                                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|
| Part 2: Explain the Sources o                                                                                                                                                      | f Your Income                                                                                         |                                                      |                                                                                      |                                                      |
| <ul> <li>Did you have any income from emplored in the total amount of income you really you are filing a joint case and you have not not not not not not not not not not</li></ul> | ceived itom all loos and all bu                                                                       | ISINESSES, Includina na                              | rt-time activities                                                                   | llendar years?                                       |
|                                                                                                                                                                                    | Debtor 1                                                                                              |                                                      | Debtor 2                                                                             |                                                      |
|                                                                                                                                                                                    | Sources of income<br>Check all that apply.                                                            | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply.                                           | Gross income<br>(before deductions<br>and exclusions |
| From January 1 of the current year until the date you filed for bankruptcy:                                                                                                        | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>                  | \$3,350.00                                           | Wages, commissions, bonuses, tips  Operating a business                              |                                                      |
| For the last calendar year:  (January 1 to December 31,                                                                                                                            | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>                  | \$8,459.00                                           | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |                                                      |
| For the calendar year before that:  (January 1 to December 31, 2016)                                                                                                               | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li><li>Debtor 1</li></ul> | \$3,700.00                                           | ☐ Wages, commissions, bonuses, tips☐ Operating a business☐ Debtor 2                  |                                                      |
|                                                                                                                                                                                    | Sources of income<br>Check all that apply.                                                            | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply.                                           | Gross income<br>(before deductions<br>and exclusions |
| From January 1 of the current year until the date you filed for bankruptcy:                                                                                                        | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                  |                                                      | Wages, commissions, bonuses, tips Operating a business                               |                                                      |
| For the last calendar year:  (January 1 to December 31, 2017)                                                                                                                      | <ul><li>Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul>                    |                                                      | Wages, commissions, bonuses, tips Operating a business                               |                                                      |
| For the calendar year before that: (January 1 to December 31, 2016)                                                                                                                | <ul><li></li></ul>                                                                                    |                                                      | Wages, commissions, bonuses, tips  Operating a business                              |                                                      |

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| Debtor 1                                                                                                                                                                                | DONNA RICHIE                                                          |                                                                 | Case nu                                                                  | imber (if known)                     |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|
| <ol> <li>Did you receive any other income<br/>Include income regardless of wheth<br/>unemployment; and other public ber<br/>and gambling and lottery winnings.<br/>Debtor 1.</li> </ol> |                                                                       | at income is taxable. Example<br>payments; pensions; rental inc | s of other income are<br>ome: interest: divider                          | alimony; child support; S            | torrorritor annualtica.                                                  |
| □ !                                                                                                                                                                                     | each source and the gross income f<br>No<br>Yes. Fill in the details. | rom each source separately. D                                   | o not include income                                                     | that you listed in line 4.           |                                                                          |
|                                                                                                                                                                                         |                                                                       | Debtor 1                                                        |                                                                          | Debtor 2                             |                                                                          |
|                                                                                                                                                                                         |                                                                       |                                                                 | Gross income<br>from each source<br>(before deductions<br>and exclusions | Sources of income<br>Describe below. | Gross Income<br>from each source<br>(before deductions<br>and exclusions |
| From January 1 of the current year until the date you filed for bankruptcy:                                                                                                             |                                                                       | SOCIAL SECURITY RET                                             | \$1,344.00<br>\$4,800.00                                                 |                                      |                                                                          |
|                                                                                                                                                                                         | st calendar year:<br>to December 31, 2017 )                           | SOCIAL SECURITY RET                                             | \$8,064.00<br>\$28,800.00                                                |                                      |                                                                          |
|                                                                                                                                                                                         | lendar year before that:<br>to December 31, 2016                      | SOCIAL SECURITY RET                                             | \$7,392.00                                                               |                                      |                                                                          |
|                                                                                                                                                                                         |                                                                       |                                                                 |                                                                          |                                      |                                                                          |

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| De | ebtor 1        | DONNA                     | RICHIE Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|----------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Part 3:        | List C                    | ertain Payments You Made Before You Filed for Bankruptcy                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 6. | Are eith       | ner Debto                 | r 1's or Debtor 2's debts primarily consumer debts?                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | ☐ No.          | Neithe<br>"incurre        | r Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as ed by an individual primarily for a personal, family, or household purpose."                                                                                                                                                                                                                                                                                                      |
|    |                | During                    | the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?                                                                                                                                                                                                                                                                                                                                                                                          |
|    |                | ☐ No.                     | Go to line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    |                | ☐ Yes                     | List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.                                                                                                                                                                              |
|    |                | * Subje                   | ct to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.                                                                                                                                                                                                                                                                                                                                                                                |
|    | ☑ Yes.         | Debtor                    | 1 or Debtor 2 or both have primarily consumer debts.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    |                | During t                  | the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?                                                                                                                                                                                                                                                                                                                                                                                             |
|    |                | ☑ No.                     | Go to line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    |                | ☐ Yes.                    | List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.                                                                                                                                                                                                         |
| 7. | corporation    | ons of which              | ore you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  ur relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ch you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing e for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations out and alimony. |
|    | ☑ No<br>□ Yes. | List all pa               | yments to an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8. | Within 1 :     | year befoi<br>I an inside | re you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Include pa     | ayments o                 | n debts guaranteed or cosigned by an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | ✓ No<br>☐ Yes. | List all pa               | yments that benefited an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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| De  | ebtor 1                  | DONNA RICHIE                                                                                                                                                                                    | Case number (if known)                           |
|-----|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| ı   | Part 4:                  | Identify Legal Actions, Repossessions, and Foreclosure                                                                                                                                          | 5                                                |
| 9,  |                          | 1 year before you filed for bankruptcy, were you a party in any lawsuit, of<br>such matters, including personal injury cases, small claims actions, divorces,<br>ations, and contract disputes. |                                                  |
|     | ☑ No<br>□ Yes            | s. Fill in the details.                                                                                                                                                                         |                                                  |
| 10. |                          | 1 year before you filed for bankruptcy, was any of your property reposse<br>or levied?<br>Ill that apply and fill in the details below.                                                         | essed, foreclosed, garnished, attached,          |
|     |                          | Go to line 11 Fill in the information below.                                                                                                                                                    |                                                  |
| 11. | Within 9 amounts         | 00 days before you filed for bankruptcy, did any creditor, including a ban<br>s from your accounts or refuse to make a payment because you owed a                                               | k or financial institution, set off any<br>debt? |
|     | <del></del>              | Fill in the details.                                                                                                                                                                            |                                                  |
| 12. | WithIn 1 creditors       | year before you filed for bankruptcy, was any of your property in the po<br>s, a court-appointed receiver, a custodian, or another official?                                                    | ssession of an assignee for the benefit of       |
|     | ☑ No<br>☐ Yes            |                                                                                                                                                                                                 |                                                  |
| Pa  | art 5:                   | List Certain Gifts and Contributions                                                                                                                                                            |                                                  |
| 13. | Within 2                 | years before you filed for bankruptcy, did you give any gifts with a total                                                                                                                      | value of more than \$600 per person?             |
|     |                          | Fill in the details for each gift.                                                                                                                                                              |                                                  |
| 14. | Within 2 y<br>to any ch  | years before you filed for bankruptcy, did you give any gifts or contribut<br>arity?                                                                                                            | ions with a total value of more than \$600       |
|     | ☑ No<br>☐ Yes.           | Fill in the details for each gift or contribution.                                                                                                                                              |                                                  |
| Pa  | rt 6:                    | List Certain Losses                                                                                                                                                                             |                                                  |
| 5.  | Within 1 y<br>other disa | ear before you filed for bankruptcy or since you filed for bankruptcy, die<br>aster, or gambling?                                                                                               | you lose anything because of theft, fire,        |
|     | Mo<br>☐ Yes. F           | Fill in the details.                                                                                                                                                                            |                                                  |

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| D    | ebtor 1                                       | DONNA RICH                      | łIE                                     | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ase number (if        | known)                          |                   |  |
|------|-----------------------------------------------|---------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|-------------------|--|
|      | Part 7:                                       | List Certai                     | n Payments o                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
| 16   | i. Within                                     | 1 year before ye                | ou filed for bankr                      | uptcy, did you or anyone else acting on y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | our behalf pay        | or transfer any pro             | perty to          |  |
|      | Include any attorneys, bankruptcy petition pr |                                 | about seeking Da                        | iki upicy or preparing a bankruptcy petition?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                 |                   |  |
|      |                                               | any attorneys, p                | ankiopicy petition                      | preparers, or credit counseling agencies for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | services requir       | red for your bankrupt           | cy.               |  |
|      | ☐ No<br>☑ Yes                                 | s. Fill in the deta             | ils.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
| Su   | isan M S                                      | igner Services                  | 3                                       | Description and value of any property Emergency Chapter 13 bankruptcy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | petition              | Date payment<br>or transfer was | Amount of payment |  |
|      |                                               |                                 |                                         | preparer document preparaiton. Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | isclosures.           | made                            |                   |  |
| Nu   | mber Str                                      | de Morris Blv                   | d #102                                  | Notice, and BPP Contract signed. I informed we cannot prepare Chapt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Debtor<br>for 13 Blon | 2.19.18                         | \$159.00          |  |
|      |                                               |                                 |                                         | The same property of the party | er IJ Figit.          |                                 |                   |  |
| _    |                                               | _                               |                                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                 |                   |  |
| City | ytona B                                       | each FL<br>Sta                  |                                         | <del>_</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                 |                   |  |
| WW   | w.signe                                       | rservices.com                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
| Ema  | ail or websit                                 | e address                       |                                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                 |                   |  |
| Doro | on Mho Mi                                     | ade the Payment, if             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
|      |                                               |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
| .,,  | anyone                                        | who promised t                  | и плестог ралкги<br>ю help you deal v   | ptcy, did you or anyone else acting on yo<br>vith your creditors or to make payments to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ur behalf pay o       | or transfer any prop            | erty to           |  |
|      | Do not in                                     | nclude any paym                 | ent or transfer that                    | you listed on line 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o your creditor       | rs?                             |                   |  |
|      | <b>⋈</b> No                                   |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
|      |                                               | Fill in the details             | s.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
| 18.  | Within 2<br>property                          | years before yo                 | ou filed for bankru<br>he ordinary cour | uptcy, did you sell, trade, or otherwise tra<br>se of your business or financial affairs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nsfer any prop        | erty to anyone, othe            | er than           |  |
|      | Include b                                     | oth outright trans              | sfers and transfers                     | made as security (such as granting of a sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Curity interest of    | martana                         |                   |  |
|      | Do not in                                     | clude gifts and tr              | ansfers that you h                      | ave already listed on this statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ounty interest of     | mortgage on your p              | ropeny).          |  |
|      | No No                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
|      | 12                                            | Fill in the details             | <b>i.</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
| 19.  | Within 10                                     | years before ye<br>beneficiary? | ou filed for bankr<br>(These are often  | ruptcy, did you transfer any property to a scalled asset-protection devices.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | self-settled tru      | st or similar device            | of which          |  |
|      | <b>☑</b> No                                   | -                               |                                         | and a second devices.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                 |                   |  |
|      | Yes.                                          | Fill in the details             | •                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |
|      |                                               |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 |                   |  |

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| De                  | btor 1                 | DONNA RICHIE  Case number (if known)                                                                                                                                                                                                                                                                                             |
|---------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20000               | art 8:                 | List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units                                                                                                                                                                                                                                              |
| 20.                 |                        | year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your<br>closed, sold, moved, or transferred?                                                                                                                                                                          |
|                     | Include<br>houses,     | checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage pension funds, cooperatives, associations, and other financial institutions.                                                                                                                    |
|                     | ☑ No<br>☐ Yes.         | Fill in the details.                                                                                                                                                                                                                                                                                                             |
| 21.                 | Do you<br>for secu     | now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository<br>rities, cash, or other valuables?                                                                                                                                                                           |
|                     | ☑ No<br>☐ Yes.         | Fill in the details.                                                                                                                                                                                                                                                                                                             |
| 22.                 | <b>M</b>               | i stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  Fill in the details.                                                                                                                                                                                           |
|                     | art 9:                 | Identify Property You Hold or Control for Someone Else                                                                                                                                                                                                                                                                           |
| 23.                 | Do you h<br>or hold in | old or control any property that someone else owns? Include any property you borrowed from, are storing for,<br>trust for someone.                                                                                                                                                                                               |
|                     | ☑ No<br>☐ Yes.         | Fill in the details.                                                                                                                                                                                                                                                                                                             |
| Pa                  | rt 10:                 | Give Details About Environmental Information                                                                                                                                                                                                                                                                                     |
| For t               | he purpo               | se of Part 10, the following definitions apply:                                                                                                                                                                                                                                                                                  |
|                     |                        | ntal law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of<br>or toxic substance, wastes, or material into the air, land, soll, surface water, groundwater, or other medium,<br>tatutes or regulations controlling the cleanup of these substances, wastes, or material. |
| B S                 | ite means              | any location, facility, or property as defined under any environmental law, whether you now own, operate, or used to own, operate, or utilize it, including disposal sites.                                                                                                                                                      |
| # <i>H</i> a<br>\$L | azardous<br>ibstance,  | material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic<br>hazardous material, pollutant, contaminant, or similar item.                                                                                                                                                            |
| Repo                | rt all noti            | es, releases, and proceedings that you know about, regardless of when they occurred.                                                                                                                                                                                                                                             |
| 4. I                |                        | overnmental unit notified you that you may be liable or potentially liable under or in violation of an environmental                                                                                                                                                                                                             |
| [                   | ☑ No<br>☑ Yes. F       | ill in the details.                                                                                                                                                                                                                                                                                                              |
|                     |                        |                                                                                                                                                                                                                                                                                                                                  |

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| Det             | otor 1                 | DONNA RICHIE                                                                                                                                                                 |                                     | Case number (if known)                                                                                                         |
|-----------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 25.             | Have yo                | ou notified any governmental unit of any r                                                                                                                                   | elease of hazardous materia         |                                                                                                                                |
|                 | ☑ No                   |                                                                                                                                                                              |                                     | •                                                                                                                              |
|                 |                        | . Fill in the details.                                                                                                                                                       |                                     |                                                                                                                                |
| 26.             | Have you               | ou been a party in any judicial or administ                                                                                                                                  | rative proceeding under any         | environmental law? Include settlements and                                                                                     |
|                 | ☑ No<br>☐ Yes          | . Fill in the details.                                                                                                                                                       |                                     |                                                                                                                                |
| Pa              | art 11:                | Give Details About Your Busines                                                                                                                                              | s or Connections to An              | y Business                                                                                                                     |
| 27.             | Within 4 busines       | years before you filed for bankruptcy, dies?                                                                                                                                 | l you own a business or have        | e any of the following connections to any                                                                                      |
|                 |                        | A sole proprietor or self-employed in a trade<br>A member of a limited liability company (LL<br>A partner in a partnership<br>An officer, director, or managing executive of | C) or limited liability partnership | either full-time or part-time<br>> (LLP)                                                                                       |
|                 |                        | An owner of at least 5% of the voting or equ                                                                                                                                 | ity securities of a corporation     |                                                                                                                                |
|                 | ☑ No.                  | None of the above applies. Go to Part 12.                                                                                                                                    |                                     |                                                                                                                                |
|                 | Yes.                   | Check all that apply above and fill in the de                                                                                                                                | tails below for each business.      | •                                                                                                                              |
| 28.             | Within 2<br>all financ | years before you filed for bankruptcy, did<br>ial institutions, creditors, or other parties                                                                                  | you give a financial stateme        | nt to anyone about your business? Include                                                                                      |
| į               | □ No<br>□ Yes.         | Fill in the details below.                                                                                                                                                   |                                     |                                                                                                                                |
| Pai             | 1 12:                  | Sign Below                                                                                                                                                                   |                                     |                                                                                                                                |
| prope<br>or bot | th. 18 U.              | e answers on this Statement of Financial is are true and correct. I understand that make aud in connection with a bankruptcy case S.C. §§ 152, 1341, 1519, and 3571.         |                                     | and I declare under penalty of perjury<br>ealing property, or obtaining money or<br>0,000, or imprisonment for up to 20 years, |
| Da              | te <u>02</u>           | /22/2018                                                                                                                                                                     | Date                                |                                                                                                                                |
| Did yo          | u attach               | additional pages to Your Statement of Fir                                                                                                                                    | ancial Affairs for Individuals      | Filing for Bankruptcy (Official Form 107)?                                                                                     |
| ☑ No<br>☐ Ye    |                        |                                                                                                                                                                              |                                     |                                                                                                                                |
| Did yo          |                        | agree to pay someone who is not an atto                                                                                                                                      | ney to help you fill out bank       | ruptcy forms?                                                                                                                  |
|                 |                        | of person                                                                                                                                                                    |                                     | Attack the Dorton                                                                                                              |
|                 |                        |                                                                                                                                                                              |                                     | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).                              |

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: DONNA RICHIE

CASE NO

CHAPTER 13

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

| Date 2/22/2018 | Signature Donna Richie  DONNA RICHIE |
|----------------|--------------------------------------|
| Date           | Signature                            |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### Chapter 7: Liquidation

| + | \$245<br>\$75<br>\$15 | filing fee<br>administrative fee<br>trustee surcharge |
|---|-----------------------|-------------------------------------------------------|
|   | \$335                 | total fee                                             |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

| + |         | filing fee<br>administrative fee |
|---|---------|----------------------------------|
|   | \$1,717 | total fee                        |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations.
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case togethercalled a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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